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**CULTURAL SENSITIVITY FRAMEWORK FOR MATERNAL  
HEALTH MESSAGES AMONG STAKEHOLDERS IN  
NORTH CENTRAL NIGERIA**



**DOCTOR OF PHILOSOPHY IN COMMUNICATION  
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## **Abstrak**

Pengaruh budaya terhadap kepercayaan serta amalan kesihatan individu dan masyarakat telah menarik perhatian global yang berterusan berhubung budaya dan komunikasi kesihatan. Walau bagaimanapun, kajian yang menjelaskan aspek budaya dan hubungannya dengan komunikasi kesihatan ibu hamil, dari perspektif pelbagai kategori sosial wanita di Nigeria adalah agak terhad. Kajian ini meneroka pengalaman kesihatan perinatal wanita, nenek/golongan berumur dan pakar kesihatan ibu di utara tengah Nigeria dalam konteks kebudayaan dan komunikasi kesihatan. Dengan matlamat untuk memahami bagaimana mesej kesihatan berkepekaan budaya dapat digubal dalam mempromosi kesihatan ibu, temubual fenomenologi mendalam dilaksanakan terhadap 30 wanita perinatal, sembilan orang tua/nenek dan sembilan pakar kesihatan ibu dari empat kumpulan etnik di kawasan kajian. Dengan menggunakan kaedah fenomenologi deskriptif terhadap data yang analisis, tiga penemuan utama telah muncul. Dapatan pertama menunjukkan bahawa pengalaman promosi kesihatan ibu dan budaya peserta terbentuk melalui tiga tema utama; konsepsualisasi budaya, pemahaman kesihatan ibu dan persepsi mengenai mesej/interaksi kesihatan ibu. Dapatan kedua mencerminkan pemahaman peserta mengenai kepekaan budaya dalam promosi kesihatan ibu dengan tiga tema teras; budaya khalayak sasaran, kesesuaian budaya dalam penciptaan serta penyebaran mesej, dan strategi penyesuaian mesej berbudaya. Penemuan ketiga menyorot unsur-unsur penting budaya dalam promosi kesihatan ibu menerusi tiga tema teras; penonjolan kepentingan kepercayaan/pantang-larang, nilai-nilai utama, dan norma-norma/tradisi yang penting. Penemuan kajian ini menyumbang kepada pemantapan pengetahuan dan teori sedia ada mengenai kepekaan budaya dengan memberikan pandangan tentang promosi kesihatan ibu dari perspektif bukan barat. Secara khususnya, sebuah model komunikasi kesihatan ibu berkepekaan budaya telah dikemukakan. Di samping itu, dapatan kajian menyediakan input bersesuaian untuk dijadikan panduan kepada dasar kerajaan yang mensasarkan peningkatan kesihatan ibu dari perspektif kepekaan budaya.

**Katakunci:** Komunikasi kesihatan, Promosi kesihatan, Wanita, Perinatal

## Abstract

The influence of culture on individual and societal health beliefs and practices has attracted sustained global attention on culture and health communication. However, research explicating culture in the light of maternal health communication, from the perspectives of women of diverse social categories in Nigeria, is rarely found in the health communication literature. This study explored the lived maternal health experiences of perinatal women, grandmothers/elders and maternal health experts in north central Nigeria within a cultural and health communication context. Aimed at understanding how culturally sensitive health messages can be designed for maternal health promotion, in-depth phenomenological interviews were conducted with 30 perinatal women, nine elders/grandmothers and nine maternal health experts from four ethnic groups in the study area. Using descriptive phenomenological method of data analysis, three main findings emerged. The first finding indicates that participants' cultural and maternal health promotion experience comprises three core themes; conceptualising culture, understanding maternal health and perceptions on maternal health messages/interactions. The second finding reflects the participants' conceptualisation of cultural sensitivity in maternal health promotion with three core themes; cultural audience targeting, cultural conformation in message creation and dissemination, and cultural message adaptation strategies. The third finding highlights salient cultural elements for maternal health promotion in three core themes; reflecting salient beliefs/taboo, salient values, and salient norms/traditions. These findings contribute to existing knowledge and theory on cultural sensitivity in the field of health communication by providing insight on maternal health promotion from a non-western perspective. Specifically, a cultural sensitivity model of maternal health communication was proposed. Hence, the findings provide relevant input that can serve as a guide for government policies targeted at improving maternal health from cultural sensitivity perspective.

**Keywords:** Health communication, Health promotion, Perinatal, Women

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## **List of Abbreviations**

CSMC	Culturally Sensitive Model of Communication
KWSMH	Kwara State Ministry of Health
MMR	Maternal Mortality Ratio
MDGs	Millennium Development Goals
SDGs	Sustainable Development Goals
UNFPA	United Nations Population Fund
UNICEF	United Nation Children's Emergency Fund
UNPD	United Nations Population Division
WHO	World Health Organisation





# **CHAPTER ONE**

## **INTRODUCTION**

### **1.1 An Overview**

This study explores the potentials of culture in the development of culturally sensitive messages capable of promoting safe maternal health practices and behaviour. The utmost purpose of the study is to understand, based on the experiences and perspectives of women in north central Nigeria, how dominant elements of culture can be utilised in the development and communication of culturally sensitive maternal health messages capable of enhancing maternal health promotion. To this end, the study explores women's cultural and maternal health promotion lived experiences, as a basis for understanding how cultural elements related to ethnicity, values and belief systems in the study area can be used to enhance the effectiveness of messages aimed at promoting maternal health. The study therefore highlights the interrelationship between culture and maternal health and the implications of these for the development and effectiveness of culture sensitive maternal health messages especially among non-western communities like Nigeria where pregnancy/maternal healthcare, behaviours and practices are intertwined with culture.

### **1.2 Research Background**

Maternal health, defined as the health of women during pregnancy, childbirth and post-delivery (Ajaegbu, 2013), constitutes a global health challenge which is yet to be effectively managed. Recent estimates on global maternal mortality trends between 1990 and 2015 indicates 44% decline in maternal mortality ratio (MMR), which refers

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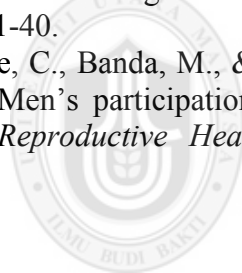
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Universiti Utara Malaysia



## Appendix A

### Consent Sheet



School of MultiMedia Technology and Communication

---

My name is **Aisha Imam Omoloso**. I am conducting a research on culture and maternal health promotion in north central Nigeria. The aim of the research is to gain insight into the culture of the people of Kwara, north central Nigeria in relation to maternal health behaviours and practices in the region, based on ethnic background of the people. This is with a view to understand how vital cultural elements can be incorporated into maternal health messages such as to suit the cultural backgrounds and characteristics of target audience in north central Nigeria.

I would therefore like to learn about your experiences in relation to pregnancy, delivery and post-delivery from a cultural perspective and within the context of your ethnic background. This will take the form of an interview which should last about one hour. The interview will be recorded, and I will also be taking down notes during the interview to ensure that I get down all your responses correctly.

Please note however that information provided by you will be treated as confidential and used only for the purpose of this research. I assure you that your name will not be associated with information included in the research report while other biographic details will also not identify you as the interviewee.

Also, note that you are not under any obligation to talk about anything you do not wish to, and you may also withdraw from the session at any point if you do not wish to continue. Please feel free to ask any questions you may have concerning all that I have explained.

You are please requested to provide your verbal or written consent if you are willing to participate in the interview. Thank You.

.....  
Interviewee

.....  
Witness

.....  
Date

## **Appendix B**

### **Interview Protocol A (Perinatal Women)**

#### **PART A: DEMOGRAPHIC DETAILS**

Name: .....

Job Designation: .....

Age: .....

Marital Status: .....

Religion: .....

Educational Background: .....

Ethnicity/Tribe : .....

No of children: .....

Date: .....

Time: .....

Place: .....

#### **PART B: Guide for interviews**

##### **First interview: Historical background of informants**

1. Can you tell me about your personal background?
2. Tell me about your ethnic culture in relation to maternal health.
  - i) Tell me about the cultural values, traditions and taboos of your culture regarding pregnancy, childbirth and postnatal period.
  - ii) Tell me about your religious beliefs and practices in relation to maternal health during pregnancy, child birth and postpartum period.
  - iii) Tell me about people who serve as care givers to you in relation to maternal health

3. Can you describe your general attitude concerning your ethnic culture and maternal health?
4. What are your thoughts considering health promotion and risk preventive measures in ensuring safe motherhood?

**Second interview: Details of experience**

1. Can you tell me about some cultural maternal health promotion experiences you had during pregnancy, delivery or in the postnatal period?
  - i) Tell me some of such experiences that you can describe as good or beneficial
  - ii) Why do you consider such experiences as good or beneficial?
  - iii) Tell me about some of these experiences that you can describe as bad.
  - iv) Why do you consider such experiences as bad?
  - v) Tell me about culture related health promotion challenges that you experienced during pregnancy, delivery or in your postnatal period and how you manage such challenges.
2. Can you describe your general experience concerning maternal health promotion and risk prevention?
  - i) From where do you get information about maternal health?
  - ii) What kind of information or messages about pregnancy and safe motherhood have you been exposed to?
  - iii) Can you describe such information or messages?
  - iv) What do you consider beneficial/good about such messages?
  - v) Why do you consider such aspects of the messages as beneficial or good?
  - vi) What do you consider as bad or inappropriate about such messages?
  - vii) Why do you consider such as bad or inappropriate?

3. Would you consider your culture as facilitating or impeding your acceptance and adoption of information or messages you are exposed to about maternal health?
- i) Tell me about specific aspects of your culture that facilitate your acceptance and/or adoption of such messages.
  - ii) Tell me about specific aspects of your culture that facilitate your acceptance and/or adoption of such messages.
  - iii) Why do you consider such aspects of culture as enablers of message acceptance and/or adoption?
  - iv) Tell me about specific aspects of culture that you consider as impeding your acceptance and/or adoption of messages you are exposed to.
  - v) Why do you consider such aspects as impeding your acceptance and/or adoption of the messages?

**Third interview: Reflection of meanings**

Based on your own experiences as shared thus far, what is your impression about maternal health promotion through the mass media and their incorporation of relevant cultural elements?

1. What would you regard as culturally sensitive messages?
2. Tell me about important aspects of your culture that you feel should be addressed or incorporated in health promotion messages to gain audience acceptance and facilitate message effectiveness?
3. Which categories of people do you feel maternal health promotion programmes should target?
4. What strategies do you feel developers of maternal health media messages can adopt to effectively address maternal health in north central Nigeria?
5. Is there any other thing you would like to add?

*Thank you very much for your time.*

## **Appendix C**

### **Interview Protocol B (Elders/Grandmothers)**

#### **PART A: DEMOGRAPHIC DETAILS**

Name: .....

Job Designation: .....

Age: .....

Gender: .....

Marital Status: .....

Religion: .....

Educational Background: .....

Ethnicity/Tribe: .....

No of children: .....

Date: .....

Time: .....

Place: .....

#### **PART B Guide for interviews**

##### **First interview: Historical background of informants**

1. Can you tell me about your personal background?
2. Tell me about your culture in relation to issues such as values, norms, beliefs and traditions.
3. Tell me about your culture in relation to maternal health.

- i) Tell me about the cultural values, traditions and taboos of your culture regarding pregnancy, childbirth and post-natal period.
  - ii) Tell me about your religious beliefs and practices in relation to maternal health during pregnancy, child birth and postpartum period.
  - iii) Tell me about your perceived roles in relation to maternal health.
  - iv) Tell me about people who serve as cultural nurturers to you in relation to maternal health
4. Would you describe your general attitude, behaviour and maternal health practices as being reflective of your culture?
5. What are your thoughts about culture and pregnancy/maternal health based on your cultural background?
6. Who would you say a woman should rely on for information and education in relation to pregnancy, childbirth and post-natal?
- i Why do you consider such source(s) important?
7. What are your thoughts considering health promotion and risk preventive measures in ensuring safe motherhood?

**Second interview: Details of experience**

1. Tell me about some of your experiences in relation to pregnancy, delivery or post-natal period of a specific lady that you consider as being under your custody or care.
- i) Can you describe the roles you played during such periods?
  - ii) Would you describe your roles as important and why?
  - iii) Tell me about experiences you had during this time that you can describe as good or beneficial
  - iv) Why do you consider such experiences as good or beneficial?

- v) Tell me about some experiences you had during the time that you can describe as bad.
  - vi) Why do you consider such experiences as bad?
  - vii) Tell me about challenges you experienced during this time and how you manage such challenges.
2. Tell me about your experience concerning health promotion and risk prevention concerning maternal health/safe motherhood.
- i) From where do you get information about pregnancy and safe motherhood?
  - ii) What kind of information or messages about pregnancy and safe motherhood have you been exposed to?
  - iii) Tell me about such information or messages?
  - iv) What do you consider beneficial or good about such messages?
  - v) Why do you consider such aspects of the messages as beneficial or good?
  - vi) What do you consider as bad or inappropriate about such messages?
  - vii) Why do you consider such as bad or inappropriate?
  - viii) Would you consider the messages as relevant to you?
3. Would you consider your culture as facilitating or impeding the acceptance and adoption of information or messages about maternal health and safe motherhood?
- i) Tell me about specific aspects of your culture that you believe can facilitate the acceptance and/or adoption of messages about maternal health.
  - ii) Why do you consider such aspects of culture as enablers of message acceptance and/or adoption?
  - iii) Tell me about specific aspects of culture that can impede message acceptance and/or adoption.

- iv) Why do you believe such aspects can impede message acceptance and/or adoption?

**Third interview: Reflection of meanings**

1. Based on your own experiences as shared thus far, what is your impression about maternal health promotion through the mass media and their incorporation of relevant cultural elements?
2. What would you regard as culturally sensitive messages?
3. Tell me about important aspects of your culture that you feel should be addressed or incorporated in health promotion messages in order to gain audience acceptance and facilitate message effectiveness?
4. Which categories of people do you feel maternal health promotion programmes should target?
5. What strategies do you feel developers of maternal health media messages can adopt to effectively address maternal health in north central Nigeria?
6. Is there any other thing you would like to add?

***Thank you very much for your time.***



## Appendix D

### Interview Protocol C (Experts)

#### PART A: DEMOGRAPHIC DETAILS

Name: .....

Job Designation: .....

Age: .....

Marital Status: .....

Religion: .....

Educational Background: .....

Tribe: .....

No of children: .....

Date: .....

Time: .....

Place: .....

#### First interview: Historical background of informants

1. Can you tell me about your personal background?
2. Tell me about pregnancy danger signs.
3. Tell me of safe motherhood.
4. What are the preventive measures to consider for safe motherhood?
5. Tell me about your culture in relation to issues such as values, norms, beliefs and traditions.
6. Tell me about your culture in relation to maternal health.

- i) Tell me about the cultural values, traditions and taboos of your culture regarding pregnancy, childbirth and post natal period.
  - ii) Tell me about your religious beliefs and practices in relation to maternal health during pregnancy, child birth and postpartum period.
  - iii) Tell me about your perceived roles as a maternal health expert.
7. What are your thoughts about culture and pregnancy/maternal health based on your cultural background?
8. Who would you say a woman should rely on for information and education in relation to pregnancy, childbirth and post natal?
- i) Why do you consider such source(s) important?
9. What are your thoughts considering health promotion and risk preventive measures in ensuring safe motherhood?

#### **Second interview: Details of experience**

1. Tell me about some of your experiences as an expert in relation to your encounters during pregnancy, delivery or post-natal period regarding your patients.
- i) Can you describe the roles you played during such periods?
  - ii) Would you describe your roles as important and why?
  - iii) Tell me about experiences you had during this time that you can describe as good or beneficial
  - iv) Why do you consider such experiences as good or beneficial?
  - v) Tell me about some experiences you had during the time that you can describe as bad.
  - vi) Why do you consider such experiences as bad?

- vii) Tell me about challenges you experienced during this time and how you manage such challenges.
2. Tell me about your experience concerning health promotion and risk prevention concerning maternal health/safe motherhood.
- i) Do you come across issues about pregnancy and maternal health from the mass media?
  - ii) Tell me about the maternal health related messages you are exposed to on the mass media.
  - iii) What do you consider beneficial or good about such messages?
  - iv) Why do you consider such aspects of the messages as beneficial or good?
  - v) What do you consider as bad or inappropriate about such messages?
  - vi) Why do you consider such as bad or inappropriate?
  - vii) Would you consider the messages as relevant to you?
3. Would you consider your culture as facilitating or impeding the acceptance and adoption of information or messages about maternal health and safe motherhood?
- i) Tell me about specific aspects of your culture that you believe can facilitate the acceptance and/or adoption of messages about maternal health.
  - ii) Why do you consider such aspects of culture as enablers of message acceptance and/or adoption?
  - iii) Tell me about specific aspects of culture that can impede message acceptance and/or adoption.
  - iv) Why do you believe such aspects can impede message acceptance and/or adoption?

### **Third interview: Reflection of meanings**

1. Based on your own experiences as shared thus far, what is your impression about maternal health promotion through the mass media and their incorporation of relevant cultural elements?
2. What would you regard as culturally sensitive messages?
3. Tell me about important aspects of your culture that you feel should be addressed or incorporated in health promotion messages in order to gain audience acceptance and facilitate message effectiveness?
4. Which categories of people do you feel maternal health promotion programmes should target?
5. What strategies do you feel developers of maternal health media messages can adopt to effectively address maternal health in north central Nigeria?
6. Is there any other thing you would like to add?

***Thank you very much for your time.***

**Appendix E**  
**Ethical Declaration/Permission to Conduct the Research**



**MINISTRY OF HEALTH**

OFFICE: P. M. B. 1386, FATE ROAD, ILORIN, KWARA STATE. 031-220349

Our Ref: MOH/KS/EC/777/108 Your Ref: \_\_\_\_\_ Date: 24/08/16.

✓ **OMOLOSO, Imam Aisha**  
Awang Had Salleh Graduate School of Arts and Science  
Universiti Utara Malaysia  
Malaysia.

**APPROVAL TO CARRYOUT MEDICAL RESEARCH TITLED: "Culture and Maternal Health Promotion in North Central Nigeria".**

Sequel to your request and the interest of the State Ministry of Health in Health related research activities to improve the health of the citizens.

I am directed to forward to you the approval of the Ministry of Health to carry out the dissertation as itemized in your protocol. This approval dates from 24/08/16 to 23/08/17.

You will be please acknowledge the State Ministry of Health by your paper presentations and deposition of the final copy of your research finding/publications to the Ministry of Health.

Best wishes in your research project.

Yours Faithfully,

F. O. P. Oyinloye  
Secretary Health Ethical Research Committee  
For: Honourable Commissioner

CMD/OFFICER IN CHARGE

✓ General Hospital Kwaruwa  
✓ General Hospital Lafagi  
✓ Sobi Specialist Hospital Ilorin

Above for your information and necessary action please.

Secretary State Health Ethical Committee

## Appendix F

### Appendix F Horizons

The first step in the phenomenological analysis of the findings involves listing of all relevant statements required for understanding the phenomenon under study. The following are examples of such statements (horizons) from the interview with participant P3YI.

- I was staying with my aunt in Kaima local government area, Kwara state where their mother tongue there is also called *Boko*. So, this has actually unable me to speak my mother tongue very well neither do I understood it to the point where I can really talk truly about my traditions, norms, values but of course I can understand little that are day to day activities that one can say, okay we put to use as a person.
- After my marriage, I have like almost two years that I didn't conceive. Both my parents were like; how will I go about it? And each and every one of them did a lot of activities to make me conceive on time. And after this, when the pregnancy came to be, there were other beliefs traditionally that they believe at a pregnant woman shouldn't do. They don't expect you to walk in the night.
- There are some certain foods they don't expect you to eat; there are some certain works they don't expect you to do; probably your pregnancy can come down at any time.
- If God see you through the nine months, it is expected of your mother in-law, not your mother this time around; your mother in-law to come and take care of you for a specific certain number of months. In my own case, it was two months being the first born. She and her family members will always rally round you.
- They will always rally round to teach you how to take care of baby being the first child...they will tell you this how you bath baby; You don't bath baby from head to the front so that the soap will not enter baby eyes...
- They want to teach you and it's your own responsibility too to pretend as if you don't know so that it's a way of respecting their being...their staying with you... by the time you tell them that you know all these things before you got married, it's like an insult in our own belief; you know, it's like you're insulting an elderly person. So, you try to pretend as if you don't know anything.
- They teach quite number of things that might probably new to you from where you're coming from...but whichever that is new to you, you don't argue with them because if you do, they see you as irresponsible child that you lack of home training and all that.
- To me (stressed), I would say it was a very difficult experience because being an educated person, I've learnt about how you take care of baby so that you don't harm baby but most of the things they introduce to you they appear... they're things that would harm baby. Imagine given a day old, a day baby herbs!
- They believe after bathing or taking care of the baby in the morning, the baby is expected to take a kind of little herbs. That to me, (laughs) I don't know the kind of implications that that can cause to my baby.

So, I never how to pretend; I try to say it to them one on one, but it was so, it was a big deal for me and my mother in-law to a point my parents had to like, come in to intervene.

- And all these happened because I didn't grow up in my home; if I had grown up, I would have known or be conversant with all these deeds. It wouldn't have been a problem.
- When your mother in-law comes to take care of you, whenever they are going, of course, you're expected as a good Yoruba girl to buy some certain wrappers for them; give them money if you have with the wrappers in a way of appreciating their efforts since all this while.
- Lest before I forgot, I realised that um...during this time, for certain number of days, you don't cook for yourself; these are people that would feed you.
- If I have to be sincere to myself, I would say the cultural beliefs or values or these experiences, I would describe it as a lovely and reasonable way of doing things...it's a culture that gives love, it's a culture that encourages love and affection, it's also a culture that teaches; that educates...
- It's just it's a pity that our foreign education, you know, probably would not allow us to appreciate it better.
- At first, I never appreciate it; I was like... I see them as intruder who really wants to poke nose into my affair, teach me what to do and all that but when...probably on a long run, I appreciate the culture. I want to say the culture is more pleasant than the...what's the word?... than the unpleasant aspect of the culture.
- I want to believe that the little way culture save mothers is outrageous. It is outrageous in the sense that they want to you to do things in their own way; fine but in some complications issue, they find it difficult to solve it because life has advanced to the point, they don't understand how to save mothers and motherhood because most times, they must have even worsen the case before they bring it to the notice of those who can save the mothers.
- In my own summary of culture to save mothers, if only culture can advance their knowledge into the present world, I would say culture can be perfect in saving mothers. If additional knowledge is not added to primitive ways of doing things, I won't subscribe to culture because they might have get a lot of things wrong before it gets to hospitals or hands that can save such mothers.
- When I first got my pregnancy, I registered for antenatal at the hospital and this is where they teach the dos and don'ts of a pregnant woman during the pregnancy and more so, there are books; books like Every woman, you know, that explains every move of the baby, every moves of a pregnant woman in it, each stage; what is expected, this is what you should do which is very explanatory in Every woman .
- I get to hear other woman who are less educated, I understand that they patronise mid wives, and these are basically those who treat them with herbs.
- If actually we want to talk to our tradition, I think languages and the avenue where we're going to roll out the messages matters.

- I think most of our traditionists, they don't watch TV. They even reside in remote area where these would not reach...but if they do have schools where they teach people on how they can know the norms, values and traditions of their tribe or their culture or wherever they belong to, I want to say that is the place one can actually reach them and talk to them.
- If one wants to talk to them, one must at least say the right...the positive what tradition offers so that they can be captivated and listen to you. Then the bad ones, that is when they will be listening for the corrections.





## Appendix G

### Invariant Constituents

The next step after the listing of relevant statements was the clustering of these statements into meaning units and themes. This was done through examination of the statements based on two questions:

1. Are the statements necessary for understanding the phenomenon under study?
2. Is it possible to label these statements?

The following is an example of clustering of some invariant constituents into meaning units and some themes for participant P3YI.

Relevant statements	Meaning units	Themes
<ul style="list-style-type: none"> <li>I left my mother for an aunt when I was 10 years old...I was saying with my aunt in Kaima...So, this has actually unable me to speak my mother tongue very well neither do I understood it to the point where I can really talk truly about my traditions, norms, values but of course I can understand little that are day to day activities that one can say, okay we put to use as a person</li> </ul>	<p>Ancestral location of upbringing as determinants of cultural knowledge</p>	<p>Conceptualising Culture</p>
<ul style="list-style-type: none"> <li>The next thing after marriage is you're expected to be pregnant immediately after your marriage...they start counting days for you... they start worry...</li> </ul>	<p>Cultural characteristics and descriptions</p>	
<ul style="list-style-type: none"> <li>When the pregnancy came to be, there were other beliefs traditionally...in my tradition to be precise, they don't encourage a pregnant woman to walk in the night...there are some certain foods they don't expect you to eat...certain works they don't expect you to do...</li> </ul>		
<ul style="list-style-type: none"> <li>The cultural beliefs or values or these experiences, I would describe it as a lovely and reasonable way of doing things...a culture that encourages love and affection...that teaches; that educates... explains how things are being done in a well organised environment. It's just it's a pity that our foreign education, you know, probably would not allow us to appreciate it better.</li> </ul>	<p>Personal inclinations to ethnic culture/cultural variations</p>	

- My mother in-law; she and her own mother in-law too...They will always rally round to teach you how to take care of baby being the first child.

Cultural training from elders

- When I first got my pregnancy, I registered for antenatal at the hospital and this is where they teach the dos and don'ts of a pregnant woman during the pregnancy...

Knowledge from health experts

- More so, there are books; books like Every woman, you know, that explains every move of the baby, every moves of a pregnant woman in it, each stage; what is expected, this is what you should do which is very explanatory in Every woman

Information seeking from mass media/health books

Understanding Maternal Health

- But I will tell you that after all these time that I had the second child or most especially the third one where my mother in-law had to spend a week with me, of course I appreciate her a lot...every other members who had been rallying around during the first and second born...the stress was so much on me...no one around to carry baby, to attend to the one I had before the last one...That was when I appreciate them very well that gone are those days when I had my first born, I was there sleeping; I never knew, you know, what it took them to cook for me, take care of my baby and all that.

Gratifications from cultural maternal health activities/ interactions

- They want to solve my baby's jaundice by adding herbs to his eyes which is dangerous...I had to stand up for my baby that; come, in as much as he's your grandson, he's also my own child too.

Generational conflicts of beliefs

Perceptions on Maternal Health Messages and Interactions

- At a point when you stand for your right, they see you as a very irresponsible fellow...We don't want to accept everything from them. So therefore, it has been a barrier...these are things we need to address.

Wives/daughter in-laws subservience

## Appendix H

### Textural Descriptions

#### Background Information

Participant P3YI described her cultural maternal health promotion experience from the perspectives of a wife and a mother of three. Her experience centered on the role played by her parents before her conception as well as her experience with her in-laws during post-natal care. This participant describes culture in maternal health promotion thus, “in it, it conceives a beautiful idea, but the implementation is very wrong. The good concept is; we want to take care of you, we don’t want you to die, we want you to have a good sound health, but the implementation is very wrong”. She equally referred to herself as not having much cultural knowledge and hence, this made it difficult for her to cope with the cultural maternal health promotion practices introduced to her by her in-laws during post-natal care,

I would say it was a very difficult experience because being an educated person, I’ve learnt about how you take care of baby so that you don’t harm baby but most of the things they introduce to you they appear...(laughs) I don’t know the kind of implications that that can cause to my baby. So, I never knew how to pretend; I try to say it to them one on one but it was so, it was a big deal for me and my mother in-law to a point my parents had to like, come in to intervene...And all these happened because I didn’t grow up in my home; if I had grown up, I would have known or be conversant with all these deeds.

Nonetheless, this participant still believes that culture has a lot to offer in the promotion of maternal health, “the culture is more pleasant than the...what’s the word?... than the unpleasant aspect of the culture... if only culture can advance their knowledge into the present world, I would say culture can be perfect in saving mothers...”

**Research Question 1:** What is the nature of this participant’s cultural maternal health promotion experiences based on cultural elements like her ethnicity, values, traditions and beliefs?

This participant’s experience is highlighted under the following three core themes:

1. Conceptualising culture
2. Understanding maternal health
3. Perceptions on maternal health messages and interactions

#### Textural Theme 1: Conceptualising Culture

The participant described culture based on her ethnic beliefs, values and traditions,

In my tradition to be precise, they don’t encourage a pregnant woman to walk in the night. There are some certain foods they don’t expect you to eat; there are some certain works they don’t expect you to do; probably your pregnancy can

come down at any time...there's a way of how they make that scary that you don't even want to attempt it. Aside that, if God see you through the nine months, it is expected of your mother in-law, not your mother this time around...come and take care of you for a specific certain number of months.

She was of the view that culture is learned through ancestral lineage although she noted that local language ability and geographical location/upbringing are major determinants of her cultural knowledge, affiliation and variations from her ethnic culture. "it is passage of right to another...they believe they have done it and it doesn't harm them, therefore they can pass it to us, but we know the implications of all these culture or traditions. We don't want to accept everything from them.

### Textural Theme 2: Understanding Maternal Health

Participant P3YI sought maternal health knowledge mainly from the hospital during the antenatal and post-natal sessions as well as health books,

When I first got my pregnancy, I registered for antenatal at the hospital and this is where they teach the dos and don'ts of a pregnant woman during the pregnancy and more so, there are books; books like Every woman, you know, that explains every move of the baby, every moves of a pregnant woman in it, each stage; what is expected, this is what you should do which is very explanatory in Every woman...

### Textural Theme 3: Perceptions on Maternal Health Messages and Interactions

This participant's descriptions of her cultural experiences reflected her perceptions on her maternal health communication/interactions during her post-natal period. She perceived the cultural tradition of post-natal care giving and support as particularly challenging even though such traditions had certain benefits to maternal health.

Despite tradition allows mother in-laws to take care of their daughter in-laws when they have child; it's a lovely idea but mostly communication always happens to be a barrier between the mother in-laws and the daughter in-laws...So, in as much as it is beautiful for mother in-laws to take care of you, that culture always boils down to be a stress. And part of the culture as well, daughters as well is not allowed to make a statemen often times, wives in our culture seems to be a slave at the beginning. Perhaps, when you become older in your marriage, then you'll be allowed to have a say. These are part of the culture that me I don't appreciate...

She further remarked that having an unsupportive husband as well as the cultural tradition of visiting the new mother and baby may constitute additional stress or depression to the woman,

Another thing I look at from my experience is, after birth, there's this tradition or norms that people believe they owe you greetings after your birth. They

come...in fact, immediately they hear you gave birth, they start trooping in to the hospital, to your home and all that. And for those 8 days, you barely have an hour for yourself to rest.

**Research Question 2:** What constitutes culturally sensitive maternal health messages from the experience and perspective of this participant?

Participant's P3YI's conception of cultural sensitivity in maternal health messages is conveyed by the following three core themes:

1. Cultural audience targeting
2. Cultural conformation in message creation and dissemination
3. Cultural message adaptation strategies

#### Textural Theme 1: Cultural Audience Targeting

This participant considers the audience/recipient as central to the development of maternal health promotion messages. She identifies mothers in general as relevant audience groups to whom maternal health messages should be strategically addressed to:

Once you're a mother, you find yourself in that age. They say a person who the mud splashes on will take care of it because if you face grand mums, it would be like the young ones castigate against them but when you generalize to mothers, it would be like both the young and old you're talking to...

She further identifies such messages to be about not only the mother and baby's health but should equally address cultural values of treating wives as inferior members of the family.

#### Textural Theme 2: Cultural Conformation in Message Creation and Dissemination

Cultural conformation in the creation and dissemination of messages from the perspectives of participant P3YI involves the use of face to face mode of communication like lectures for reaching out to women at public forums like places of worship or the market place. She also emphasised the importance of using the peoples' local language as a means of communication:

When they attend such places, they get to know what they don't know. And when we are able to reach these people in any languages they understand, I think it will curb a lot of the bad aspects of tradition than making use of television where most of them don't even have light to see TV. Most of them are in the market.... Another place is churches where Christians would go on Sunday; they have time they talk to mothers. ...Muslim place of worship as well... majority of them are women; old women who are in charge of our tradition.

### Textural Theme 3: Cultural Message Adaptation Strategies

Participant P3YI equally believes that maternal health promotion messages can be culturally adapted by reaching out to women (recipient) in the language they understand by going through their religious leaders as cultural influencers in whom people have so much belief:

Majority of our mothers, especially the grandmothers...they usually belong to certain associations called *Assalatu* (Muslim prayer groups), I think it's a best medium...if one wants to talk to them, one needs to reach out to them in these groups. It means you must have seen their *mallams* (Islamic clerics/teachers). In their *mallams*, we often find women, we often find men who talk to them. They take these people as the semi-god because when they give the idea of prayer, they follow... we have this, they follow; they ask them to fast on the day of *Arafat* or something they follow, they tell them a lot of things ...

**Research Question 3:** How can salient cultural elements be engaged for maternal health promotion from the perspectives of this participant's lived cultural and maternal health promotion experience?

Based on her experience, the cultural elements considered salient for incorporation into maternal health promotion fall into three categories. These are:

1. Salient beliefs and taboos
2. Salient values
3. Salient norms and traditions

### Textural Theme 1: Salient Beliefs and Taboos

This participant considers the belief in Holy books and religious associations (*Assalatu*) as an important aspect of cultural beliefs that can be effectively engaged for maternal health promotion in the study area. According to her, women in the study area often belong to religious groups which serve a major form of influence on the members, "Mostly, they don't joke with their *Assalatu* on Fridays or Sundays. So, if one wants to talk to them, one needs to reach out to them in these groups".

### Textural Theme 2: Salient Values

According to participant P3YI, such cultural maternal health promotion efforts come with certain communal values that can be addressed through maternal health promotion messages, "Part of the culture as well, daughters as well is not allowed to make a statement often times, wives in our culture seems to be a slave at the beginning...These are part of the culture that me I don't appreciate".

Furthermore, the value of seeing maternal and child care as the responsibility of the mother is considered by this participant as a value which has aspects that can be promoted through maternal health messages. She reflected on her own experience with her in-laws as follows by emphasising that mothers indeed should own up to their responsibilities of maternal and child health care by standing up for their right:

I made a statement; I stood up for my right because if I had not...who knows the story I would tell about my children?...At a point when you stand for your right, they see you as a very irresponsible fellow but at the long run, they will know you for who you are especially when you find yourself with mother in-laws who are semi-illiterate it's always difficult for you to find your way. But once you know that it will cost you a life history, of course, you won't want to write your history; I stood up for my children...Now, many mothers know their rights before they got married...We don't want to accept everything from them.

### Textural Theme 3: Salient Norms and Traditions

Participant P3YI believes that the tradition of providing care and support for the new mother after delivery is a salient one which has implications for maternal health promotion. To this participant, the idea of showing concern and support to new mothers presents a reasonable way of caregiving. According to her however, such traditions, although considered very important sometimes lead to dysfunctional relationships with caregivers who are mostly the woman's in-law as well as stress on the part of the new mothers. Hence, while such ideas of supporting new mothers should be encouraged, excesses amounting from the should be cautioned. She noted for example that the mother in-law's caregiving for her daughter in-law and grandchild is considered a sacred tradition, "My husband's mum, that's my mother in-law; she and her own mother in-law too. That's my husband's aunts, my husband's grandmother, paternally and mothers. They will always rally round to teach you how to take care of baby"

In addition, the visits by friends and family members after delivery was equally considered by this participant as an important tradition but one that needed to be addressed through maternal health promotion messages:

From my experience is, after birth, there's this tradition or norms that people believe they owe you greetings after your birth... immediately they hear you gave birth, they start trooping into the hospital, to your home and all that. And for those 8 days, you barely have an hour for yourself to rest...And even when you tell your husband, dear, I feel like having a deep sleep, how do I do it? How can you help me? He'll be like I don't know how you want to it because people will come and greet you o! That's how they do it! That's how it's supposed to be! (In a raised tone) ... (sighs)...don't you think it needs to be addressed? Perhaps we can't do anything to that, but it affects the mother's health...

## Appendix I

### Appendix I Structural Descriptions

From the textural themes which contain the-what of participant P3YI's experience, the following structural themes describe how such experiences came to be.

**Research Question 1:** What is the nature of this participant's cultural maternal health promotion experience based on cultural elements like her ethnicity, values, traditions and beliefs?

The participant's cultural maternal health promotion experience is revealed in the following three textural themes:

1. Conceptualising culture
2. Understanding maternal health
3. Perceptions on maternal health messages and interactions

The first textural theme explains what culture entails from the perspectives and maternal health experiences of participant P3YI based on cultural elements like her Yoruba ethnic and Islamic religious values, beliefs and traditions. The theme describes the participant's conception of culture and her inclination to culture with respect to maternal health promotion. How this participant arrived at her conception of culture and her perceived inclination to culture in maternal health promotion is contained in the following structural themes.

#### Textural Theme 1: Conceptualising Culture

Structural theme 1a: Cultural Knowledge and Attachment

Structural theme 1b: Cultural Description

Structural theme 1c: Cultural Variations

#### Structural Theme 1a: Cultural knowledge and attachment

Participant P3YI described her understanding and attitude to her ethnic culture in terms of her level of cultural knowledge and inclination/attachment to her ethnic culture. She viewed culture as being learned through ancestral lineage, while ones' location of residence or upbringing as well as ability to understand and speak ones' local language constitute major determinants of cultural knowledge and personal inclination to ones' ethnic culture:

I was saying with my aunt in Kaima local government area, Kwara state where their mother tongue there is also called *Boko*. So, this has actually unable me to speak my mother tongue very well neither do I understood it to the point where I can really talk truly about my traditions, norms, values but of course I can



understand little that are day to day activities that one can say, okay we put to use as a person.

She added that growing up outside of her hometown made some cultural practices and beliefs alien to her, hence she found it hard to associate with such practices:

To me (stressed), I would say it was a very difficult experience because being an educated person, I've learnt about how you take care of baby so that you don't harm baby but most of the things they introduce to you they appear...Imagine giving a day old, a day baby herbs...That to me, (laughs) I don't know the kind of implications that that can cause to my baby. So, I never how to pretend; I try to say it to them one on one, but it was so, it was a big deal for me and my mother in-law to a point my parents had to like, come in to intervene. And all these happened because I didn't grow up in my home; if I had grown up, I would have known or conversant with all these deeds. It wouldn't have been a problem...

#### Structural Theme 1b: Cultural description

Although Participant P3YI expressed some reservations about her Yoruba ethnic culture and issues of maternal health, she nonetheless described the culture, with respect to maternal health, from the perspectives of the principles and morals associated with the culture:

If I have to be sincere to myself, I would say the cultural beliefs or values or these experiences, I would describe it as a lovely and reasonable way of doing things. It's a culture that gives love, it's a culture that encourages love and affection, it's also a culture that teaches; that educates...that of course explain some culture that a lady might probably be lacking from wherever you are. It's a culture that explains how things are being done in a well organised environment.

#### Structural Theme 1c: Cultural variations

This participant explained that she experienced variations from some of the tenets of her ethnic culture because of the influence of her western education and general modernisation from the traditional ways of maternal healthcare, "It's just it's a pity that our foreign education, you know, probably would not allow us to appreciate it better...". She cited an instance where she disagreed with her mother in-law over a baby care issue:

I stood my ground, I didn't allow her to administer those drugs. So, I later went back to hospital and solve my baby's problem. So, these are cultures; culture of seeing you as a slave; as a daft when it comes to your right, when it comes to where to talk. These are bad aspects of our culture and many don't know their rights during their time. Now, many mothers know their rights before they got

married. As a matter of fact, most mothers these days are educated marrying to uneducated mother in-laws; you see where the problem comes...

The second textural theme captures the participant P3YI's sources of education and information seeking about maternal health. The participant's experience in this light is revealed in following structural themes.

#### Textural Theme 2: Understanding Maternal Health

Structural theme 2a: Social Group Members

Structural theme 2b: Maternal Health Experts

Structural theme 2c: Previous Experience

Structural theme 2d: Mass Media

#### Structural Theme 2a: Social group members

Participant P3YI got certain maternal health education from her in-laws, although she noted that she personally disagreed with some of such maternal health guidance offered her by her in-laws:

My husband's mum, that's my mother in-law; she and her own mother in-law too... They will always rally round to teach you how to take care of baby being the first child. You know; they will tell you this how you bath baby... They teach you how to take care of your own personal health in terms of making herbs. Like in my own case, I never knew that to take care of yourself, you have to bath herbs for certain number of days. They ask you to take hot water so that you can have better health. They teach quite number of things that might probably new to you from where you're coming from. But whichever that is new to you, you don't argue with them because if you do, they see you as irresponsible child that you lack home training...

#### Structural Theme 2b: Maternal health experts

This participant identified maternal health experts as one of her major maternal health information seeking source, "Only hospitals when it comes to me because when I first got my pregnancy, I registered for antenatal at the hospital and this is where they teach the dos and don'ts of a pregnant woman during the pregnancy".

#### Structural Theme 2c: Previous experience

Participant P3YI described her personal experiences/knowledge about maternal health as a means of guiding her on how to handle issues of maternal health that she was exposed to while receiving post-natal care from her in-laws. According to her, in-laws who take care of you after delivery believe it is their responsibility to train you on maternal and child health care:

Even if you disagree, you pretend as if you agree with them... To me (stressed), I would say it was a very difficult experience because being an educated person, I've learnt about how you take care of baby so that you don't harm baby but most of the things they introduce to you they appear... they're things that would harm baby...So, I never knew how to pretend...

#### Structural Theme 2d: Mass media

This participant explained that she also sought information about maternal health through health books, "...books like Every woman, you know, that explains every move of the baby, every move of a pregnant woman in it, each stage; what is expected, this is what you should do which is very explanatory in Every woman".

The third textural theme encapsulates the participant's perceptions about maternal health messages as well as other maternal health interactions she has experienced. These experiences are conveyed through the following structural themes.

#### Textural Theme 3: Perceptions on Maternal Health Messages and Interactions

Structural theme 3a: Perceived message strengths

Structural theme 3b: Perceived challenges and constraints

Structural theme 3c: Perceived use of culture in messages

#### Structural Theme 3a: Perceived Message Strengths

As she recalled her interactions with her in-laws during post-natal care, participant P3YI who initially expressed displeasure over the post-natal activities of the in-laws, however highlighted the gratification she gained from the supportive aspects of such cultural post-natal. She described such care as highly beneficial:

After all these time that I had the second child or most especially the third one where my mother in-law had to spend a week with me, of course I appreciate her a lot; I appreciate every other members who had been rallying around during the first and second born, you know, very well because the stress was so much on me...That was when I appreciate them very well that gone are those days when I had my first born, I was there sleeping; I never knew, you know, what it took them to cook for me, take care of my baby and all that...So, that was when I appreciate the culture but at first I never appreciate it. I was like... I see them as intruder who really wants to poke nose into my affair, teach me what to do and all...I want to say the culture is more pleasant than the...what's the word?...than the unpleasant aspect of the culture.

#### Structural Theme 3b: Perceived Challenges and Constraints

Participant P3YI perceived accessibility to media like television as one of the limitations of existing maternal health media messages, especially in the rural areas:

I think most of our traditionists, they don't watch TV. They even reside in remote area where these would not reach. So, when you roll adverts or messages in places like this place, definitely your message is not sinking to the right audience.

She equally described the usual conflicts between the mother and daughter in-law (old generation and new generation mums) as another challenging aspect of maternal health interactions based on her experiences:

Despite tradition allows mother in-laws to take care of their daughter in-laws when they have child; it's a lovely idea but mostly communication always happens to be a barrier between the mother in-laws and the daughter in-laws...It is our tradition that the mother in-laws have to take care of their daughter in-laws whenever they have child especially the first and the second children but often times...in fact 99% of women prefer their own mother; why because often times, the mother in-laws often times misunderstand the daughter in-laws. Probably...they believe the daughter in-law take them for a ride...And these are things that will now cause issues beyond your expectations; things that can at least even trash home apart...

#### Structural theme 3c: Perceived use of Culture in Messages

Participant P3YI perceives the use of culture in maternal health promotion as predominantly requiring an adaptation to modern ways:

If only culture can advance their knowledge into the present world, I would say culture can be perfect in saving mothers. If additional knowledge is not added to primitive ways of doing things, I won't subscribe to culture because they might have get a lot of things wrong before it gets to hospitals or hands that can save such mothers.

**Research Question 2:** What constitutes culturally sensitive maternal health messages as perceived by this participant?

Participant P3YI's conceptualisation of culturally sensitive maternal health messages is reflected in three textural themes:

1. Cultural audience targeting
2. Cultural conformation in message creation and dissemination
3. Cultural message adaptation strategies

The first textural theme highlights the centrality of the audience and the need for messages to target the right categories of audience as requirements for the creation of culturally sensitive messages. This is illuminated through the following structural themes.

### Textural Theme 1: Cultural Audience Targeting

Structural Theme 1a: Culturally relevant audience groups

Structural Theme 1b: Wholistic targeting

#### Structural Theme 1a: Culturally Relevant Audience Groups

Reflecting on her experience during pregnancy, participant P3YI commented on the need for sensitisation of male partners on maternal health as she noted that a supportive husband can help to reduce the cultural stress that many pregnant or nursing mothers usually face:

stress is another thing that can demoralize the mother; both in pregnancy or after birth. Let me give an illustration of a pregnant woman who spits during pregnancy, who vomits during pregnancy; these are natural stress on her already. To add another artificial stress is when she's unable to get an understanding husband...Such husband will never be supportive to the wife. He will never bother to understand what kind of stress such woman is going through, and this can cause depression and when you have severe depression during pregnancy...the best person that needs to give you support is your husband...

#### Structural Theme 1b: Wholistic Targeting

While noting the importance of reaching all relevant stakeholders, participant P3YI equally identified women, especially the older women who take care of pregnant/nursing mothers as important audience groups to be targeted by maternal health promotion messages:

We want to take away the bad ones from our traditions, that is well established; in that case, we have to understand who we are talking to. Is it the old ones? Obviously, it has to be the old ones...So, if we really want to address all these things, I think these are things we need to address. Basically, your message will now be directed at mothers... Including the grandmothers, though it wouldn't be a grandmother message, it would be mothers. So, once you're a mother, you find yourself in that age. They say a person who the mud splashes on will take care of it because if you face grand mums, it would be like the young ones castigate against them but when you generalize to mothers, it would be like both the young and old you're talking to...

The second textural theme that captures this participant's conception of cultural sensitivity of messages is the need to consider the target population's cultural characteristics as it relates to the maternal health.

### Textural Theme 2: Cultural Conformation in Message Creation and Dissemination

Structural Theme 2a: Message focus

## Structural Theme 2b: Message formats

### Structural Theme 2a: Message Focus

Participant P3YI emphasised the need to call attention to the attitude of regarding wives as inferior members of the household, “areas one need to call their attention is wife is not a slave and talk about the bad and the good of the tradition... we’re seen to be a slave, no body need to hear you”. She equally identified the exposure of pregnant/nursing mothers to undue stress as part of the harmful practices to be addressed through maternal health promotion messages:

Depression after delivery; the causes could be from tradition as well. Another thing I look at from my experience is, after birth, there’s this tradition or norms that people believe they owe you greetings after your birth. They come...in fact, immediately they hear you gave birth, they start trooping in to the hospital, to your home and all that. And for those 8 days, you barely have an hour for yourself to rest. Even if you lay down on the bed sleeping, you don’t catch your deep sleep or catch your rest... And even when you tell your husband, dear, I feel like having a deep sleep, how do I do it? How can you help me? He’ll be like I don’t know how you want to it because people will come and greet you o! That’s how they do it! That’s how it’s supposed to be! (In a raised tone) ... (sighs)...don’t you think it needs to be addressed?

### Structural Theme 2b: Message Formats

She perceives face to face means of communication like health talks, seminars and lectures as the most culturally appropriate formats of disseminating maternal health promotion messages. She suggested for instance that educational avenues could be provided for elders in the remote areas to sensitise them on maternal health:

I think most of our traditionists, they don’t watch TV. They even reside in remote area where these would not reach. So, when you roll adverts or messages in places like this place, definitely your message is not sinking to the right audience. But if they do have schools where they teach people on how they can know the norms, values and traditions of their tribe or their culture or wherever they belong to, I want to say that is the place one can actually reach them and talk to them.

### Structural Theme 2c: Culturally Appropriate/Preferred Channels

Participant P3YI equally identifies interpersonal channels like religious gatherings and public places like market places as ideal channels of reaching out to certain relevant audience groups, especially the older women, “you find these women in *Assalatu* (Islamic prayer gatherings). Mostly, they don’t joke with their *Assalatu* on Fridays or

Sundays. So, if one wants to talk to them, one needs to reach out to them in these groups”.

Another place is churches where Christians would go on Sunday; they have time they talk to mothers. It might not be during the congregations’ activities but after these, they always have where mothers meet and do their activities; where ceremonies will be announced and other; bible study as well...Christian churches...Muslim place of worship as well... majority of them are women; old women who are in charge of our tradition.

The third textural theme captures the third dimension of cultural sensitivity which involves the use of message strategies that align with the cultural background and characteristics of the target population. Such strategies are highlighted under three structural themes:

#### Textural Theme 3: Cultural Message Adaptation Strategies

Structural Theme 3a: Culturally appropriate presentation strategies

Structural Theme 3b: Utilising cultural characteristics

Structural Theme 3c: Utilising cultural influencers/opinion leaders

#### Structural Theme 3a: Culturally Appropriate Presentation Strategies

Participant P3YI described cultural appreciation and compatibility of messages as a suitable presentation strategy of adapting maternal health messages to the culture of the target population. She explained that even when you want to address a negative cultural practice, this should firstly be preceded with prayers or some form of appreciation of other commendable cultural practices of your target audience or population:

If one wants to talk to them, one must at least say the right...the positive what tradition offers so that they can be captivated and listen to you. Then the bad ones, that is when they will be listening for the corrections.

#### Structural Theme 3b: Utilising Cultural Characteristics

She believes that a suitable means of adapting messages to the cultural characteristics of the of the target audience is to use the local language of such audience groups in dissemination of the messages, “when we are able to reach these people in any languages they understand, I think it will curb a lot of the bad aspects of tradition...”

#### Structural Theme 3c: Utilising Cultural Influencers/Opinion Leaders

Participant P3YI identified religious leaders as important cultural influencers who can facilitate the acceptance and adoption of maternal health promotion messages. She cited an example of older women who usually attend weekly *Assalatu* (Islamic prayer gathering/groups):

You find these women in *Assalatu*. Mostly, they don't joke with their *Assalatu* on Fridays or Sundays. So, if one wants to talk to them, one needs to reach out to them in these groups. It means you must have seen their *mallams* (teachers/leaders). In their *mallams*, we often find women, we often find men who talk to them. They take these people as the semi-god because when they give the idea of prayer, they follow; we have *Nafila* (extra prayers), they follow; we have this, they follow; they ask them to fast on the day of *Arafat* or something they follow...

**Research Question 3:** How can salient elements of culture be engaged for maternal health promotion in north central Nigeria?

Based on participant P3YI's experiences and perceptions, salient elements of maternal health can be engaged for maternal health promotion in the study area as reflected in the following in textural themes:

1. Salient beliefs and taboos
2. Salient values
3. Salient norms and traditions

The first textural theme which reflects the participant's perception of important cultural beliefs and taboos that have implications for maternal health promotion is further illuminated in structural theme 1a.

#### Textural Theme 1: Salient Beliefs and Taboos

##### Structural Theme 1a: Faith and Religious Beliefs

She explained that given the peoples' belief in Holy books and religious associations, when messages are backed with evidence from such Holy books or affiliated with religious leaders to whom the target audience have much belief and confidence, this offers a practical means of engaging religion for maternal health promotion. According to her, women are mostly the difficult ones, but they can be easily penetrated through their religious groups where they gain more knowledge from their *mallams* (teachers/leaders) about their religion, "...they tell them a lot of things because they don't have much knowledge in Al-Quran, so they believe when they attend such places, they get to know what they don't know"

Important cultural values identified by participant P3YI as necessary for integration into maternal health promotion messages are revealed in two structural themes under the second textural theme as follows:

#### Textural Theme 2: Salient Values

Structural Theme 2a: Activity related values

Structural Theme 2b: Communal living values



### Structural Theme 2a: Activity related Values

Participant P3YI described some values associated with activities in pregnancy, like the Yoruba belief of restraining pregnant women from engaging in strenuous activities or going out at odd times as salient aspects of culture to be recognised. She explained that such activities may expose pregnant women to undue dangers and recommended that cultural values can be promoted through maternal health messages:

There are some certain works they don't expect you to do; probably your pregnancy can come down at any time. For the night walking; they don't expect you to walk in the night. They might believe...because they won't tell you the actual reasons of not doing such. They'll not tell you because they believe you want to...perhaps contradict their belief. They would not tell you so often times you don't even bother to ask the real reason why you don't have to walk in the night. Therefore, there's a way of how they make that scary that you don't even want to attempt it...

### Structural Theme 2b: Communal Living Values

As she reflected on her post-natal experiences, participant P3YI identified value of communal living as one of the sacred cultural maternal health promotion activities. However, she noted that such communal living values which involves caregiving of new mothers and their babies, usually by their mother in-laws, often lead to conflicts between the nursing mothers and their in-laws. Meanwhile, part of the beliefs under such communal mode of living is the attribution of maternal and child care as the primary responsibility of mothers. This participant therefore perceived this element of communal living as one which should be promoted in health messages by drawing the attention of expectant/new mothers to the fact that they should strive to uphold safety of themselves and their babies in the face of whatever harmful cultural practices they may come across:

They want to solve my baby's jaundice by adding herbs to his eyes which is dangerous, you know. These are places I had to stand up for my baby that; come, in as much as he's your grandson, he's also my own child too...they see you as a very irresponsible fellow...But once you know that it will cost you a life history, of course, you won't want to write your history; I stood up for my children....So, my own experience, I didn't manage it, I stood up for my children; I don't want this, I don't want that...

She also commented on the idea of wives' subordination and subservience in the Yoruba culture as one which should be addressed through maternal health promotion messages:

And part of the culture as well, daughters as well is not allowed to make a statement often times, wives in our culture seems to be a slave at the beginning.

Perhaps, when you become older in your marriage, then you'll be allowed to have a say. These are part of the culture that me I don't appreciate.

Nonetheless, this participant noted that such communal living values of the Yoruba culture also include the idea of having respect, belief and confidence in elders. While she explained that the elders' cultural ways of maternal health promotion often contradict modern medical recommendation, participant P3YI emphasised the cultural value of recognition of the elders' roles and appreciation of their efforts as a salient and beneficial element of culture that can be utilised by developers of maternal health promotion messages:

My husband's aunts, my husband's grandmother, paternally and mothers. They will always rally round to teach you how to take care of baby...They want to teach you and it's your own responsibility too to pretend as if you don't know so that it's a way of respecting their being...their staying with you. By the time you tell them that you know all these things before you got married, it's like an insult in our own belief; you know, it's like you're insulting an elderly person. So, you try to pretend as if you don't know anything. They teach quite number of things that might probably new to you from where you're coming from. But whichever that is new to you, you don't argue with them because if you do, they see you as irresponsible child that you lack home training and all that. Even if you disagree, you pretend as if you agree with them...

The third textural theme entails the salient norms and traditions considered by participant P3YI as useful for maternal health promotion. This is reflected under structural theme 3a.

### Textural Theme 3: Salient Norms and Traditions

#### Structural Theme 3a: Togetherness in Maternal Health Care

Participant P3YI identified the post-natal care and support given by mother in-laws to the daughter in-laws as an important tradition worth incorporating in maternal health promotion messages. She however noted that regardless of its benefits, such activities of mother in-laws are often with negative impacts which equally need to be addressed in maternal health messages:

Despite tradition allows mother in-laws to take care of their daughter in-laws when they have child; it's a lovely idea but mostly communication always happens to be a barrier between the mother in-laws and the daughter in-laws. Often times, that is one thing one needs to talk about when it comes to tradition...So, if you want to incorporate how beautiful it is for a mother in-law to take care of her daughter in-law or their daughter in-laws, I don't know how we can bridge that barrier between the mother in-laws and the daughter in-laws. I don't know because it is (stressed) our tradition that cannot be wiped away for any mothers irrespective of where their daughters and their sons are, they have

to go and do that sacred for them. And while doing it, it always boils down to problem...Should we say the mother in-laws should not do their rites? Should we say our mothers should take care of that or should we wipe it?...



## Appendix J

### Textural-Structural Descriptions

The following are the textural-structural descriptions based on the experiences and perceptions of participant P3YI:

**Research Question 1:** What is the nature of this participant's cultural maternal health promotion experiences based on cultural elements like her ethnicity, values, traditions and beliefs?

#### Textural Theme 1: Conceptualising Culture

This participant described culture based on her ethnic beliefs, values and traditions. She was of the view that culture is learned through ancestral lineage although she noted that local language ability and geographical location/upbringing are major determinants of her cultural knowledge, affiliation and the extent to which she conforms with the teachings/practices and beliefs of her ethnic culture.

#### Structural Theme 1a: Cultural Knowledge and Attachment

She described her understanding and attitude to her ethnic culture in terms of her level of cultural knowledge and inclination/attachment to her ethnic culture. However, she viewed culture as being learned through ancestral lineage, while ones' location of residence or upbringing as well as ability to understand and speak ones' local language constitute major determinants of cultural knowledge and personal inclination to ones' ethnic culture:

I was saying with my aunt in Kaima local government area, Kwara state where their mother tongue there is also called *Boko*. So, this has actually unable me to speak my mother tongue very well neither do I understood it to the point where I can really talk truly about my traditions, norms, values but of course I can understand little that are day to day activities that one can say, okay we put to use as a person.

She added that growing up outside of her hometown made some cultural practices and beliefs alien to her, hence she found it hard to associate with such practices:

To me (stressed), I would say it was a very difficult experience because being an educated person, I've learnt about how you take care of baby so that you don't harm baby but most of the things they introduce to you they appear...Imagine giving a day old, a day baby herbs...That to me, (laughs) I don't know the kind of implications that that can cause to my baby. So, I never how to pretend; I try to say it to them one on one, but it was so, it was a big deal for me and my mother in-law to a point my parents had to like, come in to intervene. And all these happened because I didn't grow up in my home; if I had grown up, I would have known or conversant with all these deeds. It wouldn't have been a problem...

### Structural Theme 1b: Cultural Description

Although this Participant expressed some reservations about her Yoruba ethnic culture and issues of maternal health, her description of her culture, in relation to maternal health portrays the principles and morals associated with culture:

If I have to be sincere to myself, I would say the cultural beliefs or values or these experiences, I would describe it as a lovely and reasonable way of doing things. It's a culture that gives love, it's a culture that encourages love and affection, it's also a culture that teaches; that educates...that of course explain some culture that a lady might probably be lacking from wherever you are. It's a culture that explains how things are being done in a well organised environment.

### Structural Theme 1c: Cultural Variations

She noted that exposure to western education and general modernisation has made her experience some deviations from the tenets of her ethnic culture and traditional maternal health care practices/beliefs, "It's just it's a pity that our foreign education, you know, probably would not allow us to appreciate it better...". She cited an instance where she disagreed with her mother-in-law over a baby care issue:

I stood my ground, I didn't allow her to administer those drugs. So, I later went back to hospital and solve my baby's problem. So, these are cultures; culture of seeing you as a slave; as a daft when it comes to your right, when it comes to where to talk. These are bad aspects of our culture and many don't know their rights during their time. Now, many mothers know their rights before they got married. As a matter of fact, most mothers these days are educated marrying to uneducated mother-in-laws; you see where the problem comes...

### Textural Theme 2: Understanding Maternal Health

She acquires information about maternal health from multiple sources. However, some of such sources complement one another while some are conflicting.

### Structural Theme 2a: Social Group Members

Participant P3YI got certain maternal health education from her in-laws, although she noted that she personally disagreed with some of such maternal health guidance offered her by her in-laws:

My husband's mum, that's my mother-in-law; she and her own mother-in-law too...They will always rally round to teach you how to take care of baby being the first child. You know; they will tell you this how you bath baby... They teach you how to take care of your own personal health in terms of making herbs. Like in my own case, I never knew that to take care of yourself, you have to bath herbs for certain number of days. They ask you to take hot water so that

you can have better health. They teach quite number of things that might probably new to you from where you're coming from. But whichever that is new to you, you don't argue with them because if you do, they see you as irresponsible child that you lack home training...

#### Structural Theme 2b: Maternal health experts

Maternal health experts however constitute one of her major sources of maternal health information, "Only hospitals when it comes to me because when I first got my pregnancy, I registered for antenatal at the hospital and this is where they teach the dos and don'ts of a pregnant woman during the pregnancy".

#### Structural Theme 2c: Previous experience

She also described her personal experiences/knowledge about maternal health as a means of guiding her on how to handle issues of maternal health that she was exposed to while receiving post-natal care from her in-laws. According to her, in-laws who take care of you after delivery believe it is their responsibility to train you on maternal and child health care:

Even if you disagree, you pretend as if you agree with them... To me (stressed), I would say it was a very difficult experience because being an educated person, I've learnt about how you take care of baby so that you don't harm baby but most of the things they introduce to you they appear... they're things that would harm baby...So, I never knew how to pretend...

#### Structural Theme 2d: Mass media

This participant explained that she also sought information about maternal health through health books, "...books like Every woman, you know, that explains every move of the baby, every move of a pregnant woman in it, each stage; what is expected, this is what you should do which is very explanatory in Every woman".

#### Textural Theme 3: Perceptions on Maternal Health Messages and Interactions

Participant P3YI's perceptions on maternal health messages/interactions centered on the strengths, challenges and use of culture in such messages/interactions. For this participant, the messages/interactions were either in the form of maternal health media messages or interactions within the family.

#### Structural Theme 3a: Perceived Message Strengths

As she recalled her interactions with her in-laws during post-natal care, participant P3YI who initially expressed displeasure over the post-natal activities of the in-laws, however highlighted the gratification she gained from the supportive aspects of such cultural post-natal. She described such care as highly beneficial:

After all these time that I had the second child or most especially the third one where my mother in-law had to spend a week with me, of course I appreciate her a lot; I appreciate every other members who had been rallying around during the first and second born, you know, very well because the stress was so much on me... That was when I appreciate them very well that gone are those days when I had my first born, I was there sleeping; I never knew, you know, what it took them to cook for me, take care of my baby and all that... So, that was when I appreciate the culture but at first I never appreciate it. I was like... I see them as intruder who really wants to poke nose into my affair, teach me what to do and all... I want to say the culture is more pleasant than the... what's the word?... than the unpleasant aspect of the culture.

### Structural Theme 3b: Perceived Challenges and Constraints

Participant P3YI perceived accessibility to media like television as one of the limitations of existing maternal health media messages, especially in the rural areas:

I think most of our traditionists, they don't watch TV. They even reside in remote area where these would not reach. So, when you roll adverts or messages in places like this place, definitely your message is not sinking to the right audience.

She equally described the usual conflicts between the mother and daughter in-law (old generation and new generation mums) as another challenging aspect of maternal health interactions based on her experiences:

Despite tradition allows mother in-laws to take care of their daughter in-laws when they have child; it's a lovely idea but mostly communication always happens to be a barrier between the mother in-laws and the daughter in-laws... It is our tradition that the mother in-laws have to take care of their daughter in-laws whenever they have child especially the first and the second children but often times... in fact 99% of women prefer their own mother; why because often times, the mother in-laws often times misunderstand the daughter in-laws. Probably... they believe the daughter in-law take them for a ride... And these are things that will now cause issues beyond your expectations; things that can at least even trash home...

### Structural theme 3c: Perceived use of Culture in Messages

Participant P3YI perceives the use of culture in maternal health promotion as predominantly requiring an adaptation to modern ways:

If only culture can advance their knowledge into the present world, I would say culture can be perfect in saving mothers. If additional knowledge is not added to primitive ways of doing things, I won't subscribe to culture because they might have get a lot of things wrong before it gets to hospitals or hands that can save such mothers.

**Research Question 2:** What constitutes culturally sensitive maternal health messages as perceived by this participant?

Textural Theme 1: Cultural Audience Targeting

Participant P3YI identified cultural audience targeting as a vital element of culturally sensitive maternal health messages. She believes that messages should be appropriately targeted to culturally relevant audience groups like women and the male folk.

Structural Theme 1a: Culturally Relevant Audience Groups

Reflecting on her experience during pregnancy, participant P3YI identified the need for sensitisation of male partners on maternal health as she noted that a supportive husband can help to reduce the cultural stress that many pregnant or nursing mothers usually face:

stress is another thing that can demoralize the mother; both in pregnancy or after birth. Let me give an illustration of a pregnant woman who spits during pregnancy, who vomits during pregnancy; these are natural stress on her already. To add another artificial stress is when she's unable to get an understanding husband...Such husband will never be supportive to the wife. He will never bother to understand what kind of stress such woman is going through and this can cause depression and when you have severe depression during pregnancy...the best person that needs to give you support is your husband...

Structural Theme 1b: Wholistic Targeting

Emphasising the need to carry all relevant stakeholders along, she equally identified women, especially the older women who take care of pregnant/nursing mothers as important audience groups to be targeted by maternal health promotion messages:

We want to take away the bad ones from our traditions, that is well established; in that case, we have to understand who we are talking to. Is it the old ones? Obviously, it has to be the old ones...So, if we really want to address all these things, I think these are things we need to address. Basically, your message will now be directed at mothers... Including the grandmothers, though it wouldn't be a grandmother message, it would be mothers. So, once you're a mother, you find yourself in that age. They say a person who the mud splashes on will take care of it because if you face grand mums, it would be like the young ones castigate against them but when you generalize to mothers, it would be like both the young and old you're talking to...

Textural Theme 2: Cultural Conformation in Message Creation and Dissemination

Participant P3YI believes that for messages to be culturally sensitive, such messages should be created not only to address/promote relevant cultural aspects of maternal



health, the messages should also be adapted to the people's culture and ways of life such as to increase message acceptance and adoption.

#### Structural Theme 2a: Message Focus

She emphasised the need to call attention to the attitude of regarding wives as inferior members of the household, "areas one need to call their attention is wife is not a slave and talk about the bad and the good of the tradition... we're seen to be a slave, no body need to hear you". She equally identified the exposure of pregnant/nursing mothers to undue stress as part of the harmful practices to be addressed through maternal health promotion messages:

Depression after delivery; the causes could be from tradition as well. Another thing I look at from my experience is, after birth, there's this tradition or norms that people believe they owe you greetings after your birth. They come...in fact, immediately they hear you gave birth, they start trooping in to the hospital, to your home and all that. And for those 8 days, you barely have an hour for yourself to rest. Even if you lay down on the bed sleeping, you don't catch your deep sleep or catch your rest... And even when you tell your husband, dear, I feel like having a deep sleep, how do I do it? How can you help me? He'll be like I don't know how you want to it because people will come and greet you o! That's how they do it! That's how it's supposed to be! (In a raised tone) ... (sighs)...don't you think it needs to be addressed?

#### Structural Theme 2b: Message Formats

She perceives face to face means of communication like health talks, seminars and lectures as the most culturally appropriate formats of disseminating maternal health promotion messages. She suggested for instance that educational avenues could be provided for elders in the remote areas to sensitise them on maternal health:

I think most of our traditionists, they don't watch TV. They even reside in remote area where these would not reach. So, when you roll adverts or messages in places like this place, definitely your message is not sinking to the right audience. But if they do have schools where they teach people on how they can know the norms, values and traditions of their tribe or their culture or wherever they belong to, I want to say that is the place one can actually reach them and talk to them.

#### Structural Theme 2c: Culturally Appropriate/Preferred Channels

Participant P3YI equally identifies interpersonal channels like religious gatherings and public places like market places as ideal channels of reaching out to certain relevant audience groups, especially the older women, "you find these women in *Assalatu* (Islamic prayer gatherings). Mostly, they don't joke with their *Assalatu* on Fridays or

Sundays. So, if one wants to talk to them, one needs to reach out to them in these groups”.

Another place is churches where Christians would go on Sunday; they have time they talk to mothers. It might not be during the congregations’ activities but after these, they always have where mothers meet and do their activities; where ceremonies will be announced and other; bible study as well...Christian churches...Muslim place of worship as well... majority of them are women; old women who are in charge of our tradition.

### Textural Theme 3: Cultural Message Adaptation Strategies

This participant considers the use of cultural message adaptation as the third tripod of achieving culturally sensitive maternal health messages. Such adaptation strategies entail the use of culturally appropriate presentation strategies, the use of cultural characteristics and the use of cultural influencers/opinion leaders.

#### Structural Theme 3a: Culturally Appropriate Presentation Strategies

Participant P3YI described cultural appreciation and compatibility of messages as a suitable presentation strategy of adapting maternal health messages to the culture of the target population. She explained that even when you want to address a negative cultural practice, this should firstly be preceded with prayers or some form of appreciation of other commendable cultural practices of your target audience or population:

If one wants to talk to them, one must at least say the right...the positive what tradition offers so that they can be captivated and listen to you. Then the bad ones, that is when they will be listening for the corrections.

#### Structural Theme 3b: Utilising Cultural Characteristics

She believes that a suitable means of adapting messages to the cultural characteristics of the of the target audience is to use the local language of such audience groups in dissemination of the messages, “when we are able to reach these people in any languages they understand, I think it will curb a lot of the bad aspects of tradition...”

#### Structural Theme 3c: Utilising Cultural Influencers/Opinion Leaders

Participant P3YI identified religious leaders as important cultural influencers who can facilitate the acceptance and adoption of maternal health promotion messages. She cited an example of older women who usually attend weekly *Assalatu* (Islamic prayer gathering/groups):

You find these women in *Assalatu*. Mostly, they don’t joke with their *Assalatu* on Fridays or Sundays. So, if one wants to talk to them, one needs to reach out to them in these groups. It means you must have seen their *mallams* (teachers/leaders). In their *mallams*, we often find women, we often find men who talk to them. They take these people as the semi-god because when they

give the idea of prayer, they follow; we have *Nafila* (extra prayers), they follow; we have this, they follow; they ask them to fast on the day of *Arafat* or something they follow...

**Research Question 3:** How can salient elements of culture be engaged for maternal health promotion in north central Nigeria?

#### Textural Theme 1: Salient Beliefs and Taboos

Participant P3YI describes herself as not having much belief in cultural ways of handling issues of maternal health. Nonetheless, she identifies faith and religious beliefs as important elements of culture that can be harnessed for maternal health promotion.

#### Structural Theme 1a: Faith and Religious Beliefs

She explained that given the peoples' belief in Holy books and religious associations, when messages are backed with evidence from such Holy books or affiliated with religious leaders to whom the target audience have much belief and confidence, this offers a practical means of engaging religion for maternal health promotion. According to her, women are mostly the difficult ones, but they can be easily penetrated through their religious groups where they gain more knowledge from their *mallams* (teachers/leaders) about their religion, "...they tell them a lot of things because they don't have much knowledge in Al-Quran, so they believe when they attend such places, they get to know what they don't know"

#### Textural Theme 2: Salient Values

Participant P3YI believes that certain important cultural values should be promoted while others should be discouraged using maternal health promotion messages but most importantly, this participant expressed the view that to optimally harness such salient cultural values for maternal health promotion, there is a need for advancement of culture from the primitive ways of handling maternal health issues.

#### Structural Theme 2a: Activity related Values

She described some values associated with activities in pregnancy, like the Yoruba belief of restraining pregnant women from engaging in strenuous activities or going out at odd times as salient aspects of culture to be recognised. She explained that such activities may expose pregnant women to undue dangers and recommended that such cultural values can be promoted through maternal health messages:

There are some certain works they don't expect you to do; probably your pregnancy can come down at any time. For the night walking; they don't expect you to walk in the night. They might believe...because they won't tell you the actual reasons of not doing such. They'll not tell you because they believe you want to...perhaps contradict their belief. They would not tell you so often times

you don't even bother to ask the real reason why you don't have to walk in the night. Therefore, there's a way of how they make that scary that you don't even want to attempt it...

### Structural Theme 2b: Communal Living Values

As she reflected on her post-natal experiences, participant P3YI identified the value of communal living as one of the sacred cultural maternal health promotion activities. However, she noted that such communal living values which involves caregiving of new mothers and their babies, usually by their mother in-laws, often lead to conflicts between the nursing mothers and their in-laws. Meanwhile, part of the beliefs under such communal mode of living is the attribution of maternal and child care as the primary responsibility of mothers. This participant therefore perceived this element of communal living as one which should be promoted in health messages by drawing the attention of expectant/new mothers to the fact that they should strive to uphold the safety of themselves and their babies in the face of whatever harmful cultural practices they may come across:

They want to solve my baby's jaundice by adding herbs to his eyes which is dangerous, you know. These are places I had to stand up for my baby that; come, in as much as he's your grandson, he's also my own child too...they see you as a very irresponsible fellow...But once you know that it will cost you a life history, of course, you won't want to write your history; I stood up for my children....So, my own experience, I didn't manage it, I stood up for my children; I don't want this, I don't want that...

She also commented on the idea of wives' subordination and subservience in the Yoruba culture as one which should be addressed through maternal health promotion messages:

And part of the culture as well, daughters as well is not allowed to make a statement often times, wives in our culture seems to be a slave at the beginning. Perhaps, when you become older in your marriage, then you'll be allowed to have a say. These are part of the culture that me I don't appreciate.

Nonetheless, this participant noted that such communal living values of the Yoruba culture also include the idea of having respect, belief and confidence in elders. While she explained that the elders' cultural ways of maternal health promotion often contradict modern medical recommendation, participant P3YI emphasised the cultural value of recognition of the elders' roles and appreciation of their efforts as a salient and beneficial element of culture that can be utilised by developers of maternal health promotion messages:

My husband's aunts, my husband's grandmother, paternally and mothers. They will always rally round to teach you how to take care of baby...They want to teach you and it's your own responsibility too to pretend as if you don't know

so that it's a way of respecting their being...their staying with you. By the time you tell them that you know all these things before you got married, it's like an insult in our own belief; you know, it's like you're insulting an elderly person. So, you try to pretend as if you don't know anything. They teach quite number of things that might probably new to you from where you're coming from. But whichever that is new to you, you don't argue with them because if you do, they see you as irresponsible child that you lack home training and all that. Even if you disagree, you pretend as if you agree with them...

### Textural Theme 3: Salient Norms and Traditions

This participant stated that majority of the cultural norms and traditions on maternal health are done in good faith, but communication often poses a barrier. She described the tradition of togetherness in maternal health care as a salient element of culture relevant for maternal health promotion.

### Structural Theme 3a: Togetherness in Maternal Health Care

She identified the post-natal care and support given by mother in-laws to the daughter in-laws as an important tradition worth incorporating in maternal health promotion messages. She however noted that regardless of its benefits, such activities of mother in-laws are often with negative impacts which equally need to be addressed in maternal health messages:

Despite tradition allows mother in-laws to take care of their daughter in-laws when they have child; it's a lovely idea but mostly communication always happens to be a barrier between the mother in-laws and the daughter in-laws. Often times, that is one thing one needs to talk about when it comes to tradition...So, if you want to incorporate how beautiful it is for a mother in-law to take care of her daughter in-law or their daughter in-laws, I don't know how we can bridge that barrier between the mother in-laws and the daughter in-laws. I don't know because it is (stressed) our tradition that cannot be wiped away for any mothers irrespective of where their daughters and their sons are, they have to go and do that sacred for them. And while doing it, it always boils down to problem...Should we say the mother in-laws should not do their rites? Should we say our mothers should take care of that or should we wipe it?...